

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Filing at a Glance

Companies: General Insurance Company of America, First National Insurance Company of America, Safeco Insurance Company of America, American States Insurance Company, American Economy Insurance Company

Product Name: Multiple Lines	SERFF Tr Num: SAFX-125590360	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: ML AR08130CGF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI SafecoInsuranceSPI	Disposition Date: 04/10/2008
	Date Submitted: 04/01/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

State Filing Description:

General Information

Project Name: 15- Multiple Lines	Status of Filing in Domicile:
Project Number: ML AR08130CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/10/2008	
State Status Changed: 04/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Submitting for Informational Purposes: Revised Terrorism Policyholder Disclosure Notices:	

Policyholder Disclosure Notice of Terrorism Insurance Coverage C 4700 01/08 Replaces C 4112 3/06, C 4113 3/06

Policyholder Disclosure Notice Regarding Terrorism Insurance Coverage C 4700 01/08 Replaces C 4117 3/06

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

For your information, we are revising the Policyholder Disclosure Notices which attach to new and renewal policies for Terrorism Coverage under TRIA in order to comply with the Reauthorization Act of 2007.

This revision was effective January 1, 2008. Copies of the revised Notices are enclosed.

Company and Contact

Filing Contact Information

Tim Borders, Commercial Lines Filing Analyst	timbor@safeco.com
Safeco Plaza	(206) 473-6216 [Phone]
Seattle, WA 98185-0001	(206) 473-6723[FAX]

Filing Company Information

General Insurance Company of America	CoCode: 24732	State of Domicile: Washington
Safeco Plaza	Group Code: 163	Company Type:
State Filings Suite 2800		
Seattle , WA 98185-0001	Group Name: Safeco Group	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 91-0231910	

First National Insurance Company of America	CoCode: 24724	State of Domicile: Washington
Safeco Plaza	Group Code: 163	Company Type:
State Filings Suite 2800		
Seattle, WA 98185-0001	Group Name: Safeco Group	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 91-0742144	

Safeco Insurance Company of America	CoCode: 24740	State of Domicile: Washington
Safeco Plaza	Group Code: 163	Company Type:
State Filings Suite 2800		
Seattle, WA 98185-0001	Group Name: Safeco Group	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 91-0742148	

American States Insurance Company	CoCode: 19704	State of Domicile: Indiana
Safeco Plaza	Group Code: 163	Company Type:

SERFF Tracking Number: *SAFX-125590360* *State:* *Arkansas*
First Filing Company: *General Insurance Company of America, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *ML AR08130CGF01*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Multiple Lines*
Project Name/Number: *15- Multiple Lines/ML AR08130CGF01*

State Filings Suite 2800

Seattle, WA 98185-0001
(206) 545-5000 ext. [Phone]

Group Name: Safeco Group
FEIN Number: 35-0145400

State ID Number:

American Economy Insurance Company
Safeco Plaza
State Filings Suite 2800

CoCode: 19690
Group Code: 163

State of Domicile: Indiana
Company Type:

Seattle, WA 98185-0001
(206) 545-5000 ext. [Phone]

Group Name: Safeco Group
FEIN Number: 35-1044900

State ID Number:

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Insurance Company of America	\$50.00	04/01/2008	19187922

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/10/2008	04/10/2008

SERFF Tracking Number:	SAFX-125590360	State:	Arkansas
First Filing Company:	General Insurance Company of America, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	ML AR08130CGF01		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Multiple Lines		
Project Name/Number:	15- Multiple Lines/ML AR08130CGF01		

Disposition

Disposition Date: 04/10/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	C 4700	01/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 C 4112; C 4113; C 4117 Previous Filing #:		C 4700.PDF

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury — in concurrence with the Secretary of State, and the Attorney General of the United States — to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The premium charge for certified acts of terrorism under the program is presented on the declarations page of your policy. If there was a premium charged for this coverage, the amount will be shown on the policy declarations page and included in your billing.

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SAFX-125590360</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>General Insurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08130CGF01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Multiple Lines</i>		
<i>Project Name/Number:</i>	<i>15- Multiple Lines/ML AR08130CGF01</i>		

Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/10/2008
Bypass Reason:	N/A			
Comments:				

Satisfied -Name:	Cover Letter	Review Status:	Approved	04/10/2008
Comments:				
Attachment:	Cover Letter.PDF			

Satisfied -Name:	AR - EXPD FILING TRANS FOR TER RISK	Review Status:	Approved	04/10/2008
Comments:				
Attachment:	AR - EXPD FILING TRANS FOR TER RISK.PDF			



Safeco Property & Casualty
Insurance Companies
Safeco Plaza
Seattle, WA 98185-0001

Phone: (206) 545-5000
www.safeco.com

March 31, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

American Economy Insurance Company 163-19690
American States Insurance Company 163-19704
First National Insurance Company of America 163-24724
General Insurance Company of America 163-24732
Safeco Insurance Company of America 163-24740
Businessowners, Commercial Fire & Allied Lines, Commercial General Liability, Commercial Umbrella,
Commercial Inland Marine

Terrorism Risk Insurance Program Reauthorization Act of 2007

Advisory Filing of Disclosure Notice

Effective Date: January 1, 2008

Company File Number: 08-130

Submitting for Informational Purposes: Revised Terrorism Policyholder Disclosure Notice

Form Name	New Form #	Old Form #
Policyholder Disclosure Notice of Terrorism Insurance Coverage	C 4700 01/08	C 4112 3/06 C 4113 3/06
Policyholder Disclosure Notice Regarding Terrorism Insurance Coverage	C 4700 01/08	C 4117 3/06

For your information, we are revising the Policyholder Disclosure Notices which attach to new and renewal policies for Terrorism Coverage under TRIA in order to comply with the Reauthorization Act of 2007.

This revision was effective January 1, 2008. A copy of the revised Notice is enclosed.

Please feel free to contact us at our expense if you have any questions.

Sincerely,

Tim Borders
Commercial Lines Filings Analyst
State Filings Department, Suite 2800
(206) 473-6216
FAX (206) 473-6723
timbor@safeco.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
General Insurance Company of America	WA	163-24732	91-0231910
First National Insurance Company of America	WA	163-24724	91-0742144
Safeco Insurance Company of America	WA	163-24740	91-0742148
American States Insurance Company	IN	163-19704	35-0145400
American Economy Insurance Company	IN	163-19690	35-1044900

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tim Borders Safeco Plaza, State Filings, Suite 2800 Seattle WA 98185-0001	206-473-6216	206-473-6723	timbor@safeco.com

Filing information

Line of Insurance (see attachment)	Multiple Lines
Company Program Title (Marketing title) (if applicable)	Multiple Lines
Filing Type ** see note below	Informational Filing
This application is used with:	
Effective Date Requested	01/01/2008
Filing date	
Company Tracking Number	ML AR08130CGF01
Date filing approved in domiciliary state, if applicable	

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage	C 4700 01/08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	C 4112 3/06 C 4113 3/06 C 4117 3/06	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Tim Borders

Signature

Tim Borders

Print Name:

Commercial Lines Filing
Analyst

Title: